PTO/SB/17 (05-07)
Approved for use through 05/31/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).  FEE TRANSMITTAL  For FY 2007				Complete if Known					
				Application Number 09/678,328			Conf. #4817		
				Filing Date		October 3, 2000			
				First Named Inventor		Yasuo TAKANE			
						Y. K. Aggarwal			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		2622			
TOTAL AMOUNT OF PAY	Atto	Attorney Docket No. 0905-0247P							
METHOD OF PAYMEN	T (check all t	hat apply)							
Check Credit C	ard N	Money Order	None	Other (	please ident	ify):			
X Deposit Account Depo	sit Account Numb	per: 02-2448 Depos	sit Account N	lame:	Birch, Ste	wart, Kolasch	& Birch, L	LP	
For the above-ident	ified deposit	account, the Direct	tor is here	by authorize	d to: (chec	k all that apply)			
x Charge fee(s)	indicated be	low		Charge	e fee(s) ind	licated below, ex	cept for th	ne filing fee	
Charge any ac		s) or underpaymer and 1.17	nts of	x Credit	any overpa	ayments			
FEE CALCULATION									
1. BASIC FILING, SEARCH									
	FILIN	G FEES Small Entity		H FEES  Small Entity	EXAMIN	ATION FEES Small Entity			
<b>Application Type</b>	Fee (\$)		e (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees F	Paid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEES								Small Entity	
Fee Description							<u>Fee (\$)</u>	Fee (\$)	
Each claim over 20 (including	- ,						50	25	
Each independent claim over Multiple dependent claims	er 3 (includir	ig Reissues)					200	100	
• •	Claima F	' (e) F	ee Paid	( <b>¢</b> )	94.	-1411- D	360	180	
Total Claims         Extra Claims         Fee (\$)         Fee F           14         -20 =         x         =				(\$)		ultiple Depende	<u>nt Claims</u> ee Paid (\$		
HP = highest number of total clai					<u> </u>	<u>e (\$)                                    </u>	ee raiu (ş	1	
Indep. Claims Extra	Claims F	ee (\$) F	ee Paid	(\$)	<del></del>			_	
6 -6=	x	=							
HP = highest number of independent	dent claims paid	I for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR	wings exceeds 1.52(e)), the	application size fe	e due is §	5250 (\$125 f				)	
sheets or fraction there  Total Sheets Ex	of. See 35 U ctra Sheets			FR 1.16(s). onal 50 or frac	tion there :	Eng (#)	Eac !	Paid (#\	
100 =								Paid (\$)	
4. OTHER FEE(S)			<u>_</u>					Paid (\$)	
Non-English Specification	uii, 130 fe <sub>roborgo</sub> s, 12	c (no small entity 251 Extension fo	uiscount) r resnon	se within fir	st month		12	0.00	
Other (e.g., late filing surcharge): 1251 Extension for response within first month  1401 Notice of appeal								500.00	
SUBMITTED BY	111								
Signature		V #40,4?	Regis (Attor	stration No. ney/Agent)	32,181	Telephone	(703) 20	5-8000	
Name (Print/Type) Marc S. V	Veiner			<del></del>	-	Date	May 23,	2007	
150									